



**Adoption Home Study Application**

Names \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Primary Contact Number \_\_\_\_\_

Marriage Date and Place (if applicable) \_\_\_\_\_

----- **ADOPTIVE PARENT (1)** -----

Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Email address \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

Ethnic Background or Ancestry \_\_\_\_\_

Education \_\_\_\_\_

Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_ Cell Phone \_\_\_\_\_

How Long Employed \_\_\_\_\_ Annual Salary \_\_\_\_\_

Previous Marriage \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

----- **ADOPTIVE PARENT (2)** -----

Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Email address \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

Ethnic Background or Ancestry \_\_\_\_\_

Education \_\_\_\_\_

Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_ Cell Phone \_\_\_\_\_

How Long Employed \_\_\_\_\_ Annual Salary \_\_\_\_\_

Previous Marriage \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

**CHILDREN OR OTHERS IN THE HOME**

<u>Name</u>	<u>Age</u>	<u>Birthdate</u>	<u>Relationship</u>

**ADAM WALSH ACT**

It is required that each prospective Adoptive Parent or other persons in the home (age 13 and above) list any states in which they have resided over the past **five years**:

<u>Name of Parent/Other</u>	<u>Dates of Residence</u>	<u>City/State</u>

**FAMILY HEALTH INSURANCE PLAN**

Company Name/Group number \_\_\_\_\_

Member's Name/ID# \_\_\_\_\_

When would coverage start for your adopted child? \_\_\_\_\_

**FINANCES** (Please include most recent Tax Return)

**ASSETS:**

**LIABILITIES:**

<u>Home equity</u>	\$	<u>Mortgage</u>	\$
<u>Savings accounts</u>	\$	<u>Personal Loans</u>	\$
<u>401K/Retirement accounts</u>	\$	<u>Student Loans</u>	\$
<u>Value of owned vehicles</u>	\$	<u>Auto Loans</u>	\$
<u>Other Assets:</u>	\$	<u>Other Liabilities:</u>	\$
	\$		\$
	\$		\$
	\$		\$

**REFERENCES** (3 personal references and 1 reference from each employer – TOTAL of 5)

Name	E-mail Address
1	
2	
3	
4	
5	

Have you applied elsewhere for a home study or child placement? \_\_\_\_\_

If so, name and address of agency or agencies: \_\_\_\_\_

What is the current status of the application(s)? \_\_\_\_\_

Signature of Adoptive Parent (1) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Adoptive Parent (2) \_\_\_\_\_ Date \_\_\_\_\_